

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Brady*

Died at *Ellicott City* *Howard* County *MARYLAND*

Date of death *1900 Mar.* Month *Mar.* Day *1* Age *65* Years *no* Months *no* Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Laborer* Where Residing if not at place of death *Grays*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John Brady* Father's Birthplace *Highland*

Mother's Maiden Name *Margaret Hopkins* Mother's Birthplace *Ireland*

Name of person giving Information *Elizabeth Delosh* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Ha. P.thritis* *120* ✓ How long *Unknown*

Immediate *Exhaustion* How long *Progressive*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. C. Spivey*

Address

*Health Officer  
Ellicott City*PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

George Murray Buckingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>near</del> <sup>Town</sup> <i>Eek Ridge</i>		<sup>County</sup> <i>Howard</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
19 <i>10</i>	<i>March</i>	<i>16<sup>th</sup></i>	<i>76</i>	<i>3</i>	<i>2</i>
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>White</i>		<i>Howard Co., Md.</i>		
Occupation	Where Residing if not at place of death				
<i>Farmer</i>	<i>Howard Co., Md.</i>				
<del>Married</del> , Single <del>or Widowed</del>	Name of Wife or Husband				
	<i>None</i>				
Father's Name	Father's Birthplace				
<i>Michael Buckingham</i>	<i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>N. L. Verney</i>	<i>Maryland</i>				
Name of parson giving Information	How related to deceased				
<i>John Buckingham</i>	<i>Brother</i>				

## CAUSES OF DEATH

103

✓

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>1 day</i>
Immediate	<i>Cardiac dilatation &amp;c</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>M. R. Eareckson</i>	
		Address	
		<i>Eek Ridge, Md.</i>	
<del>Accident or Suicide</del>			



Name  
in  
Full

Wilson C. Conway

13  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hannover		County Howard		MARYLAND	
Date of death	1900	Month	3	Day	22	Age	2
				Years	6	Months	7
Sex	Male		Color or Race	White		Birth-place	MD
Occupation	None		Where Residing if not at place of death Hannover				
Married, Single or Widowed	X		Name of Wife or Husband	X			
Father's Name	Wm Wilson Conway					Father's Birthplace	MD
Mother's Maiden Name	Grace Lee White					Mother's Birthplace	MD
Name of person giving Information	Wm Wilson Conway					How related to deceased	Father

## CAUSES OF DEATH

9

V

PHYSICIAN  
OR CORONER

Primary	Membranous Bronch		How long	2 days
Immediate	H		How long	H

Are the name, age, sex, color, date and place correctly given above?

yes

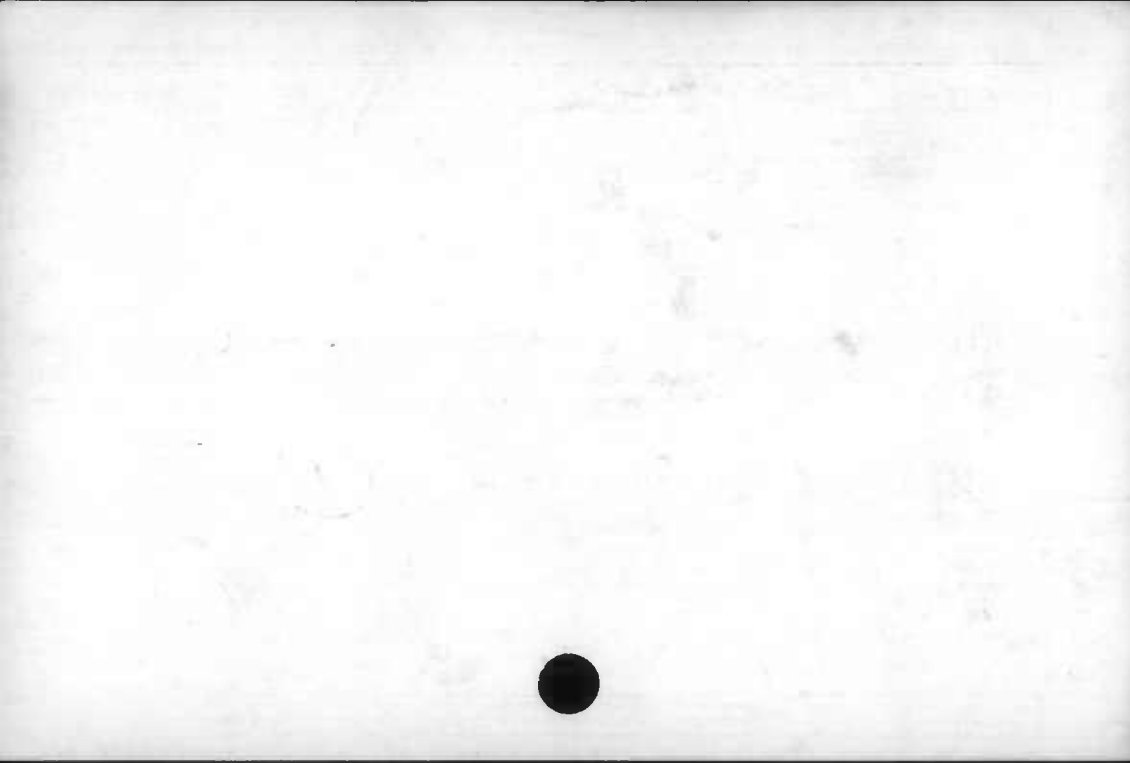
Signature of Physician

Harrison Torgue

Address

Elk Ridge  
MD

Accident or Suicide



Name  
in  
Full

Thomas E Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

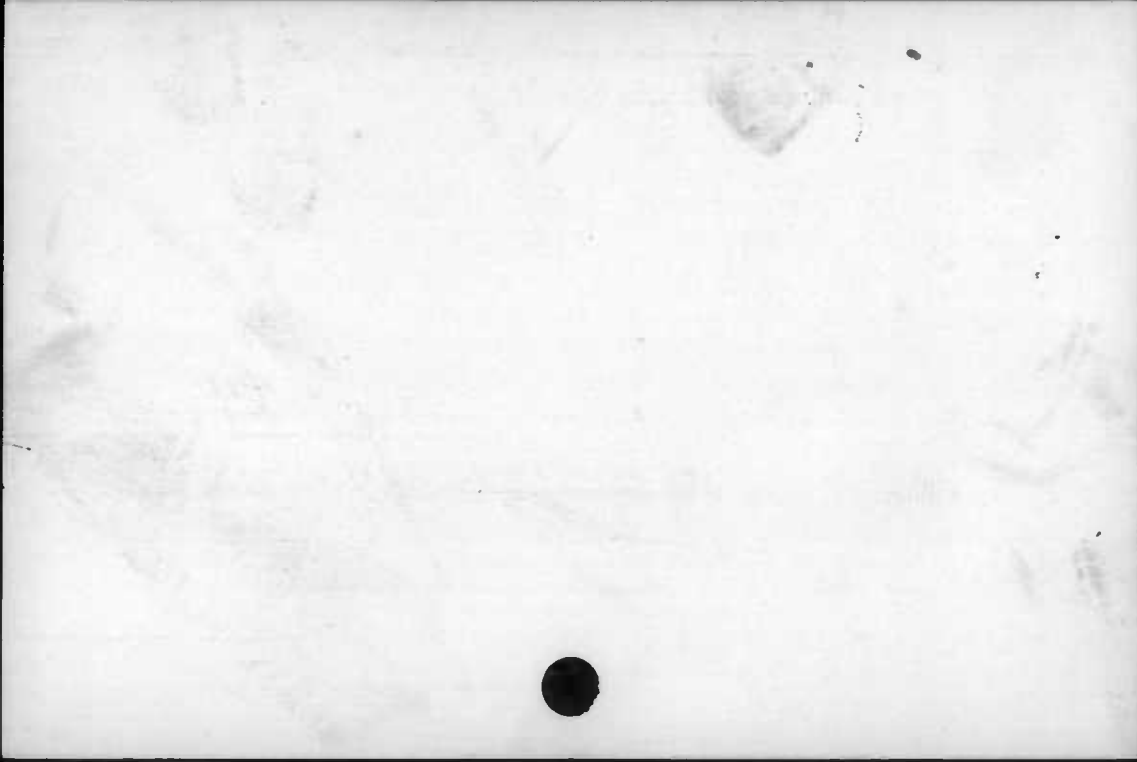
Died <i>near Poplar Springs</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1940 March</i>		Month <i>16</i>		Day <i>66</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Howard</i>		Months <i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at home</i>		Years <i>28</i>		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ridney B. Davis</i>		Father's Birthplace <i>Kearoll Mo.</i>		Mother's Birthplace <i>Fired. Mo.</i>	
Father's Name <i>Ezra Davis</i>		Mother's Maiden Name <i>Lizzie Orr</i>		How related to deceased <i>Wife</i>		Name of person giving information <i>Ridney B. Davis</i>	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic nephritis</i>	How long	<i>several years</i>
Immediate	<i>Acute nephritis</i>	How long	<i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Brownwell</i>	
		Address <i>Int Army Med</i>	
Accident or Suicide?			





Name  
in  
Full

Frank Edward Rustie

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Seoggsville</u>		Town		<u>Howard</u>		County		MARYLAND	
Date of death <u>1900</u>		Month <u>Mar</u>		Day <u>17</u>		Age		Months <u>2</u> Days <u>18</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Seoggsville Md</u>					
Occupation _____				Where Residing if not at place of death _____					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____							
Father's Name <u>Wm. J. Rustie</u>				Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Annie M. Johnson</u>				Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Wm. J. Rustie</u>				How related to deceased <u>brother</u>					

CAUSES OF DEATH

Primary	<u>Inferior Hepatic Dist</u>	How long	<u>life</u>
Immediate	<u>enteria</u>	How long	<u>10 days</u>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

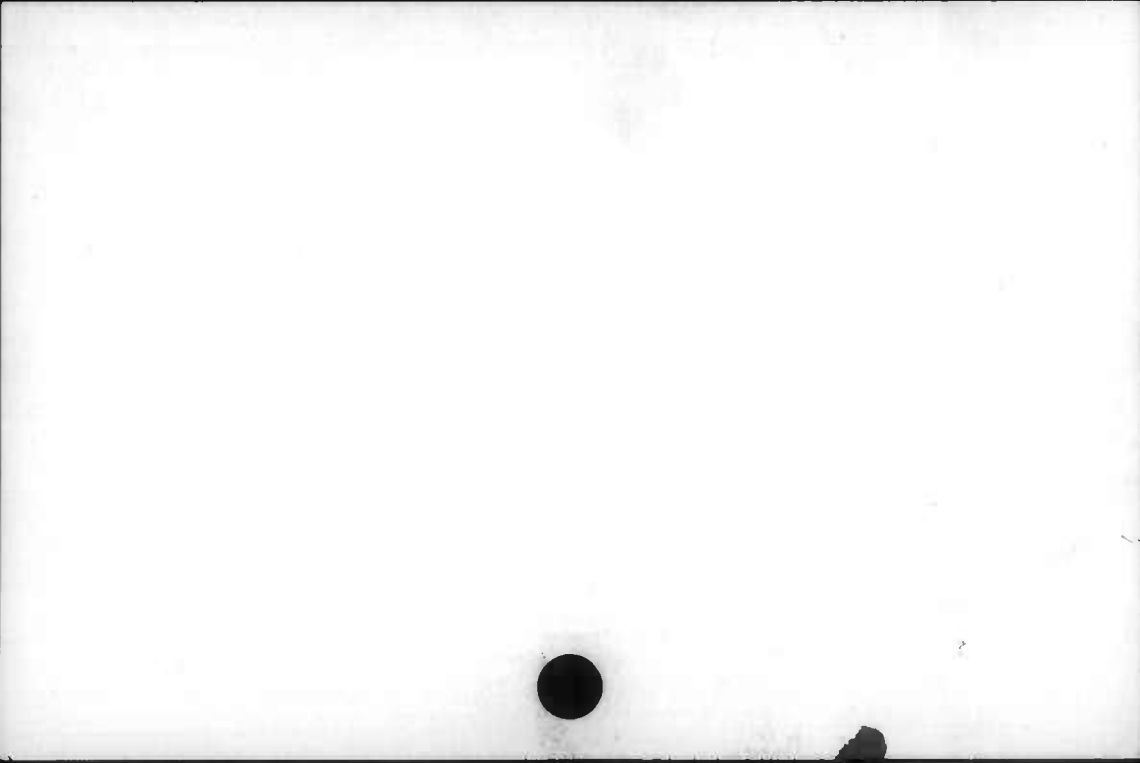
Address

A. P. C. Morley  
Samuel  
Md

Accident or Suicide

no

PHYSICIAN  
OR CORONER




Name  
in  
Full

*Naamah Elizabeth Haichter*

CERTIFICATE OF DEATH

Diad et		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death		Month <i>March</i>	Day <i>8<sup>th</sup></i>	Year <i>1900</i>	Months <i>2</i>	Days <i>11</i>	
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birthplace	<i>Fredens. Md</i>	
Occupation	<i>Retired</i>		Where Residing if not at place of death		<i>Ellicott City</i>		
<del>Married Single</del> or Widowed	<i>Widow</i>		Name of Wife or Husband		<i>Washington Haichter</i>		
Father's Name	<i>James Sunderland</i>				Father's Birthplace	<i>Harford Co.</i>	
Mother's Maiden Name	<i>Anne Everett Hughes</i>				Mother's Birthplace	<i>Harford Co.</i>	
Name of person giving Information					How related to deceased		
<i>G. Hunter Sykes</i>					<i>Grandson</i>		

CAUSES OF DEATH

Primary	<i>Rheumatic Inflammation</i>	How long	<i>10 years</i>
Immediate	<i>Senile degeneration - Arteriosclerosis</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. M. D. Rogers M.D.</i>	
Address		<i>Ellicott City Md</i>	
<div style="display: flex; align-items: center;">  <p><i>Ellicott City Md</i></p> </div>			
<p><del>Accident or Suicide</del></p>			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary A. Hazelhurst

CERTIFICATE OF DEATH

Died at *Ellicott City* Town *Howard* County  
 Date of death 1900 *Mar.* Month *6* Day *85* Age *no* Months *no* Days  
 Sex *Female* Color or Race *White* Birth-place *Md.*  
 Occupation *Retired* Where Residing if not at place of death *Ellicott City*  
 Married, Single or Widowed *Widow* Name of Wife or Husband *None*  
 Father's Name *Mr. Allen Thomas* Father's Birthplace *Ipsd.*  
 Mother's Maiden Name *Eliza Hall* Mother's Birthplace *Md.*  
 Name of person giving Information *Mrs. Stevenson White* How related to deceased *Piece*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

Primary *Cerebral Haemorrhage* How long *5 years*  
 Immediate *Exhaustion from same* How long *several months*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*W. Rushmer White*  
*Ellicott City*  
*Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Henry Landan

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lassus

Howard

Date

of death 190

Month

3

Day

17

Age

59

Years

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Germany

Occupation

Telegraph Operator

Where Residing if not  
at place of death

Cleveland - Ohio

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Katherine Landan

Father's  
Name

unknown

Father's  
Birthplace

Germany

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

Germany

Name of person giving  
Information

Martin Bergstein

How related  
to deceased

friend

## CAUSES OF DEATH

Primary

Cancer of Stomach

How long

2 years

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

William M.D.  
Savage

Accident or Suicide

neither

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Martha Beatrice Nichols

12  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

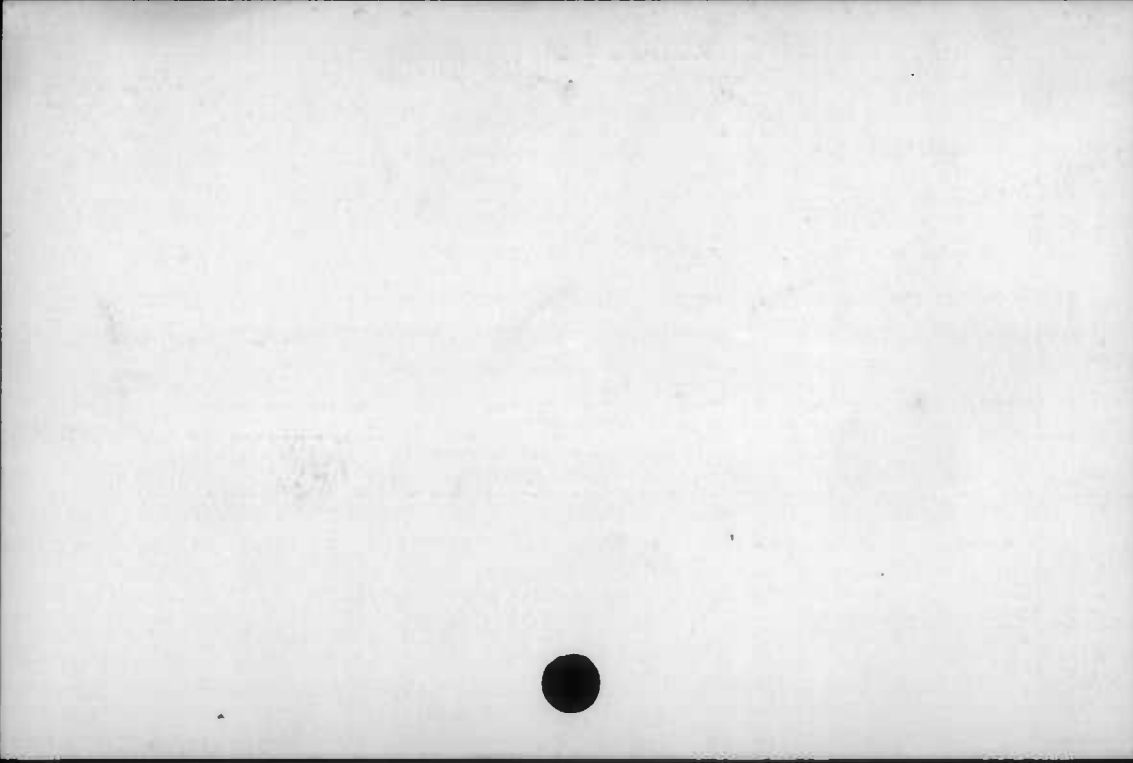
Died at		Town Frigland		County Howard		MARYLAND	
Date of death	1900	Month March	Day 6	Age 38	Years	Months 5	Days 9
Sex	Female		Color or Race	White		Birth- place	Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Nathan Nichols			
Father's Name	John Melia				Father's Birthplace	Ireland	
Mother's Maiden Name	Martha Mc. Linden				Mother's Birthplace	Savannah Ga	
Name of person giving In formation	Mrs. John Melia				How related to deceased	Mother	

## CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary	Acute Nephritis		How long	6 days
Immediate	Uremic Coma		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		S. A. Nichols		
Address		Dayton Howard Co. Md.		
Accident or Suicide?				



Name  
in  
Full

Lillian Virginia ~~Rollins~~ Reglar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Doddsys.

Stoward Co

MARYLAND

Date of death 1960 Month Mar Day 28

Age one Years

Months six Days six

Sex Female

Color or Rece Col

Birth-place Stoward Co.

Occupation none

Where Residing if not at place of death

Married, Single or Widowed single

Nama of Wifa or Husband

Fathar's Nama Joseph Reglar

Fathar's Birthplace md.

Mother's Maiden Nama Carrie Rollins

Mother's Birthplace md.

Name of person giving Information Carrie Reglar

How related to deceased mother

CAUSES OF DEATH

92 ✓

Primary Pneumonia

How long Eleven days -

Immadiate Heart Tracture

How long 24 hours -

Are tha nama, ega, sex, color, date and plac a correctly given above? yes

Signature of Physician

Chas. Tumbbison  
Address Smilford Md.

Accident or Suicide no -

PHYSICIAN  
OR CORONER

H

822

Name  
in  
Full

Florence Snowden

CERTIFICATE OF DEATH

Town

County

Died at

Laurel. 2-f-d

Howard

MARYLAND

Date  
of death

1900

Month

3

Day

10

Age

12

Years

Months

Days

Sex

fem

Color or  
Race

black

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widow

Single

Name of Wife or  
Husband

—

Father's  
Name

Wm H. Snowden

Father's  
Birthplace

Md

Mother's  
Maiden Name

Agnes Foster

Mother's  
Birthplace

Md

Name of person giving  
Information

Agnes Snowden

How related  
to deceased

mother

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

William M. D

Address

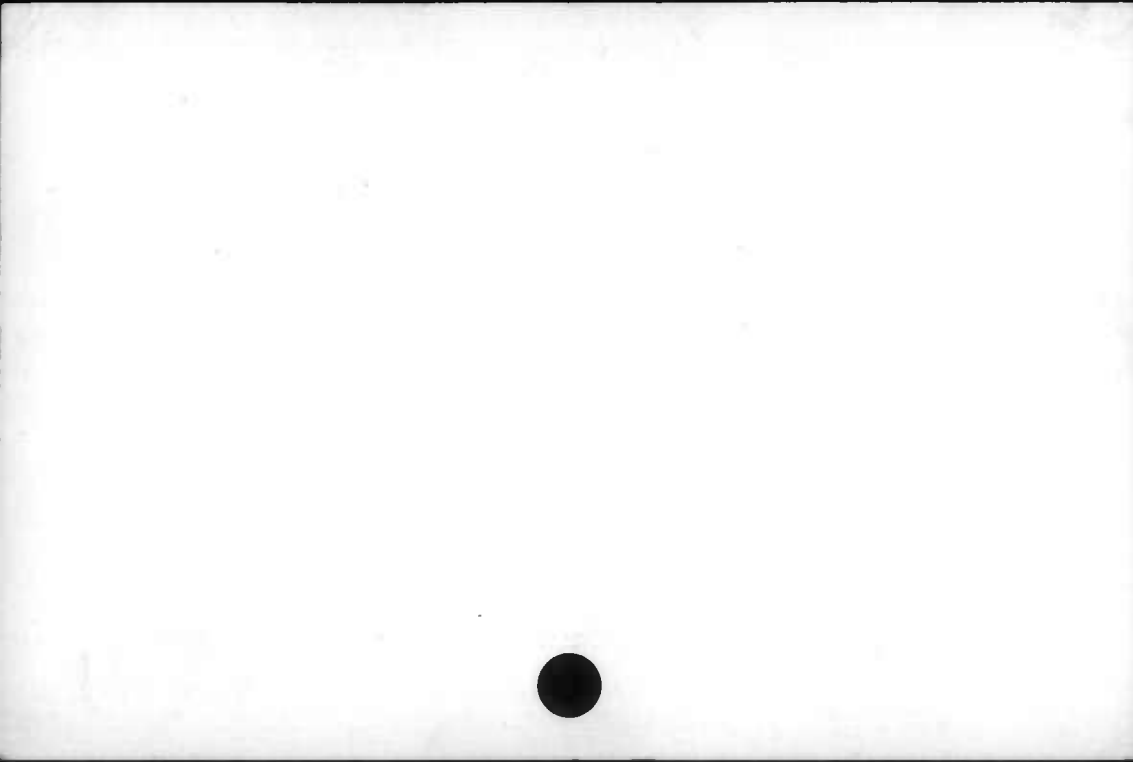
Savage

Md

Accident or Suicide

natural

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



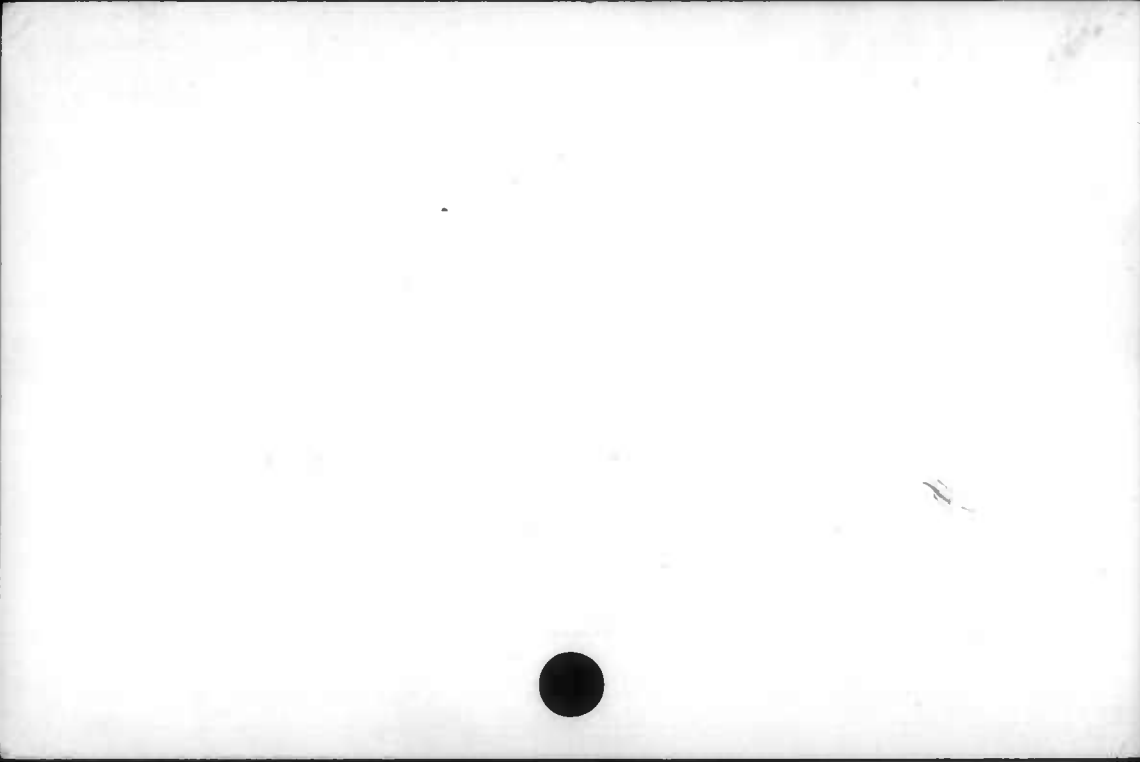
Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Mar. Laurel* *Howard* *Howard* *MARYLAND*Date of death 19*90* *3* *6* Age *6* Months *1* DaysSex *male* Color or Race *negro* Birth-place *md*  
Occupation *Infant* Where Residing if not at place of death *Howard Co.*Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_Father's Name *Mr. Taylor* Father's Birthplace *unknown*Mother's Maiden Name *Elinor Snodden* Mother's Birthplace *md*Name of person giving Information *Elinor Taylor* How related to deceased *mother*

## CAUSES OF DEATH

Primary *Glandular Tuberculosis* How long *Six months*Immediate *Tubercular Meningitis* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. L. Litchum M.D.*Address *Savage*Accident or Suicide *no*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William W. Thomas</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Died at <i>Ellicott City</i>		Month <i>Mar.</i>		Day <i>11</i>		Year <i>1900</i>	
Date of death <i>1900 Mar. 11</i>		Age <i>78</i>		Months <i>no</i>		Days <i>no</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>Ellicott City</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Don't Know</i>					
Father's Name <i>Mr. Allen Thomas</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Eliza Thomas</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Allen Thomas</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary <i>La Grippe</i>	How long <i>6 weeks</i>
Immediate <i>Cerebral Haemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. R. ... White</i>
	Address <i>Ellicott City Md</i>
<i>Accident or Suicide</i>	

PHYSICIAN  
OR CORONER



9/28

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Julia A. Tyrrell* Town *Elchester* County *Howard*

MARYLAND

Died at *Elchester* Date *18<sup>th</sup> Mar.* 1900 Month *Mar.* Day *18* Age *70* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House wife*

Where Residing if not  
at place of death

Married, Single or Widowed *Married*

Name of Wife or  
Husband

*John P. Tyrrell*

Father's  
Name

*Joseph Armacost*

Father's  
Birthplace

*Maryland*

Mother's  
Maiden Name

*not known*

Mother's  
Birthplace

*not known*

Name of person giving  
Information

*Lora A. Tyrrell*

How related  
to deceased

*Daughter*

## CAUSES OF DEATH

Primary

*Acute Indigestion*

How long

*6 hrs*

Immediate

*Coma*

How long

*1 hour*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes.*

Signature of  
Physician

Address

*D. W. Stultz, M.D.,  
Catonville  
Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

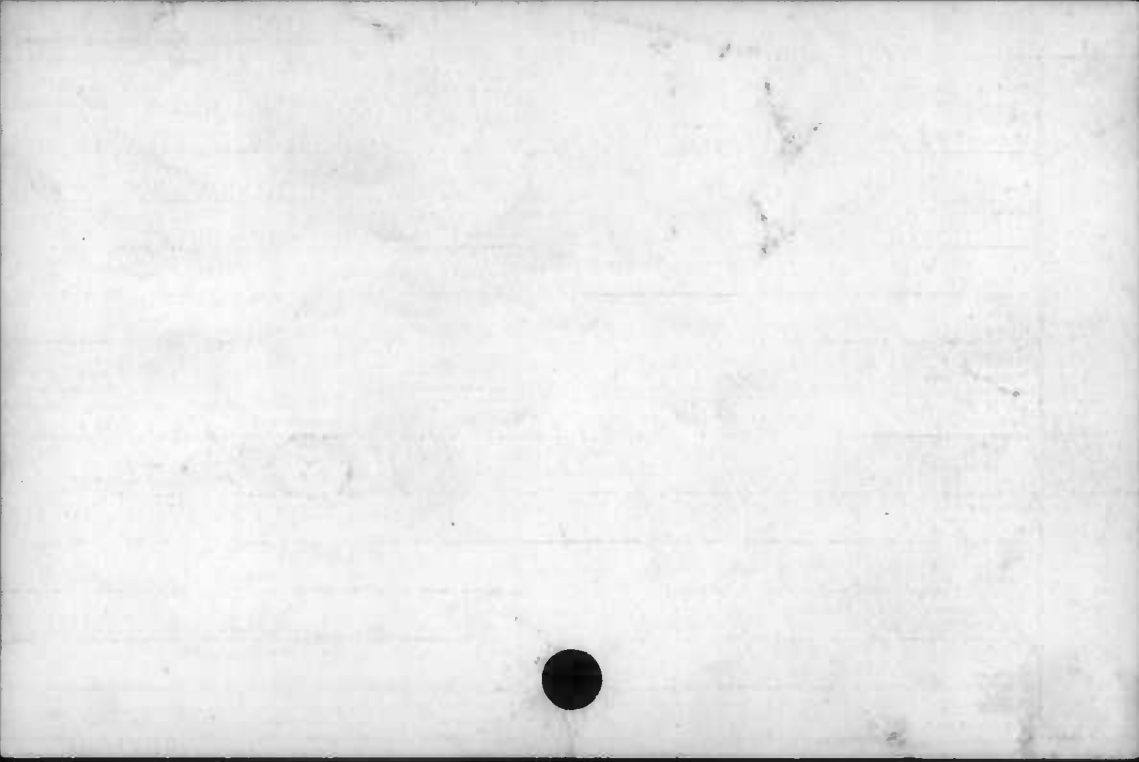
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>sykesville</u> <sup>Town</sup>		<u>Howard</u> <sup>County</sup>		MARYLAND	
Date of death <u>1940</u>	<u>June</u> <sup>Month</sup>	<u>24<sup>th</sup></u> <sup>Day</sup>	<u>45</u> <sup>Years</sup>	<u>Dead born</u> <sup>Months</sup>	<u>    </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Sykesville Ind</u>		
<u>Occupation</u>		Where Residing if not at place of death <u>at home</u>			
Married, Single or <u>Widowed</u>		Name of Wife or <u>Husband</u>			
Father's Name <u>Geo E. Wheatley</u>			Father's Birthplace <u>Howard Co Ind</u>		
Mother's Maiden Name <u>Mary V Varnoss</u>			Mother's Birthplace <u>Do</u>		
Name of person giving information <u>Geo E. Wheatley</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Ante-Partem Haemorrhage</u>	How long <u>1/2 hr</u>
Immediate <u>Dead Born</u>	How long <u>    </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Bing F. Shipley, MD</u>
	Address <u>Alpha P.O.</u>
	<u>Howard Co Ind</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Carroll W. Wright* Town *Savage* County *Howard* MARYLAND

Died at *Savage* Month *3* Day *10* Age *21* Years Months Days

Date of death *1900*

Sex *boy* Color or Race *black* Birth-place *Md*

Occupation *Infant* Where Residing if not at place of death *Howard Co*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Frank Wright* Father's Birthplace *VA*

Mother's Maiden Name *Elsie Happon* Mother's Birthplace *Md*

Name of person giving Information *Frank Wright* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Scarlat Invispular* How long *9 days*

Immediate *Asthma* How long *progressive*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. W. Livingston M.D.*

Address *Savage Md*

Accident or Suicidal *unknown*

PHYSICIAN  
OR CORONER

